

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-475)

SERIAL NO.

107611241

FILING DATE

APPLICANT(S)

9-20-04		9-11-05		CLAIMS	
NO. FILES		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
NO.	DEP.	NO.	DEP.	NO.	DEP.
1	1	1			
2					
3					
4					
5					
6					
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44					
45					
46					
47					
48					
49					
50					
TOTAL	0	0	0		
TOTAL					
TOTAL					
TOTAL					

9-20-04		4-11-05	
NO.	DEP.	NO.	DEP.
51			
52			
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92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL	3	3	
TOTAL	8	8	
TOTAL			
TOTAL			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS